

2039

MARGIN RESERVED FOR BINDING
 N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be properly classified. Exact state-ment of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health

BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH Maricopa State ARIZONA Registered No. 1100
 County _____ or Village _____
 Township Phoenix City 67 Roanoke Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth _____ yrs. _____ mos. _____ ds.
 2. FULL NAME Julius Gray Lindsay How long in State when death occurred 36 yrs. _____ mos. _____ ds.
 (a) Residence: No. 67 Roanoke St., _____ Ward. _____ (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WID-OWED, or DIVORCED. (Write the word) Married
 5a. If married, widowed, or divorced HUSBAND of Emma W. Lindsay (or) WIFE of _____
 6. DATE OF BIRTH (month, day, and year) March 29, 1864
 7. AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min. 70
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (city or town) Lexington, (state or country) North Carolina
 13. NAME Wm D. Lindsay
 14. BIRTHPLACE (city or town) North Carolina (State or country) _____
 15. MAIDEN NAME Elizabeth Gray
 16. BIRTHPLACE (city or town) North Carolina (State or country) _____
 17. INFORMANT W. H. Lindsay, a son (Address) 2510 No. 8th St.
 18. BURIAL, CREMATION, OR REMOVAL Burial Date 10-10- 1934
 Place _____
 19. UNDERTAKER A. L. Moore & Sons (Address) Phoenix, Arizona
 20. Filed 10-22- 1934 Rev Sherry Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 8, 1934
 22. I HEREBY CERTIFY, That I attended deceased from 9-27 1934 to Oct 8 1934
 I last saw him alive on Oct 8 1934; death is said to have occurred on the date stated above, at 1:40pm.
 The principal cause of death and related causes of importance were as follows:
Brain thrombosis
Arteriosclerosis
Hypertension
 Other contributory causes of importance:
Arteriosclerosis
Hypertension
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes
 23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) Rev Sherry M. D.
 (Address) Phoenix, Arizona